Name in Full: Minnie Blake

CERTIFICATE OF DEATH

MARYLAND

Died Town: near Easton — County: Talbot

Date of death: 1904 — Month: June — Day: 14 — Age: Years 33 — Months 9 — Days —

Sex: Female — Color or Race: Colored — Birthplace: Talbot Co Md

Occupation: ~~Married~~ Housekife — Where Residing if not at place of death: near Easton Md

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: John Blake

Father's Name: Wm Wilson - — Father's Birthplace: Talbot Co Md

Mother's Maiden Name: Mary Cooper — Mother's Birthplace: Talbot Co Md

Name of person giving Imformation — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 18 Mos

Immediate: Exhaustion — How long: Few Hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. F. Davidson

Address: Easton, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

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LIBRARY BUREAU A80616

Name in Full: Helen Chase

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Easton — County: Talbot

Date of death: Month: June — Day: 17 — 1904

Age: Years: — Months: 3 — Days: 20

Sex: Female — Color or Race: Black — Birthplace: Easton

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: Nathalie Chase — Mother's Birthplace: Easton Md

Name of person giving Imformation: Louis T. Chase — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Smothered in bed by Mother overlaying — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible]

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A6851G

Name in Full: George W. Christian

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Easton — County: Talbot

Date of death: Month: June — Day: 4 — Year: 1904 — Age: Years: 51 — Months: 11 — Days: 12

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Clerk — Where Residing if not at place of death: x

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or Husband: Mary Slaughter

Father's Name: John Christian — Father's Birthplace: Md

Mother's Maiden Name: Hester Ann Pierson — Mother's Birthplace: Md

Name of person giving Information: Mrs Jas H Patchett — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Alcoholism — How long: one months

Immediate: Exhaustion — How long: a few hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. R. Dixon

Address: Easton Md

~~Accident or Suicide~~?

LIBRARY BUREAU A89316

Name in Full: Sarah R Collier

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Kingston — County: Talbot

Date of death: Month: June — Day: 29 — Year: 1904 — Age: Years: 71 — Months: 2 — Days: 8

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Lady — Where Residing if not at place of death: ×

Married, Single or Widowed: Married — Name of Wife or Husband: Jas. H. Collier

Father's Name: Perry Pennington — Father's Birthplace: Md

Mother's Maiden Name: Mrs Covington — Mother's Birthplace: Md

Name of person giving Imformation: Chas P. Collier — How related to deceased: Son

CAUSES OF DEATH 64

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 3 years

Immediate: 3rd stroke & exhaustion — How long: 36 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. R. Tribit

Address: Easton

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Henry A Coney

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Easton; County: Talbot

Date of death: Month: June; Day: 6th; Year: 1904; Age: 73 Months Days

Sex: Male; Color or Race: White; Birthplace: Ireland

Occupation: None; Where Residing if not at place of death: X

~~Married, Single~~ or Widowed: Widowed; Name of Wife or Husband: Mary D. Edgar

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

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Name of person giving Information: Wm A Coney; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cathark of Bladder; How long: Several years

Immediate: Exhaustion; How long: about a week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. R. Tippe

Address: Easton Md

~~Accident or Suicide~~?

LIBRARY BUREAU A89816

Name in Full: Thomas Henry Corey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton; County: Talbot.

Date of death: Month: June; Day: 29; Year: 1904

Age: Years: 59; Months: 6; Days: 1

Sex: Male

Color or Race: White

Birthplace: Talbot Co Md

Occupation: Farmer

Where Residing if not at place of death:

Married, ~~Single~~ Widowed

Name of Wife or Husband: Mary J. Corey

Father's Name: Henry Corey

Father's Birthplace: Talbot Co Md

Mother's Maiden Name: Augusta Dudley

Mother's Birthplace: " " "

Name of person giving Imformation: Roger Corey

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis 93

How long: 2 Months

Immediate: Double Pneumonia

How long: 10 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E.R. Tippe

Address: Easton

~~Accident or Suicide~~?

LIBRARY BUREAU A88016

Name in Full: Daniel P. Cox

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St. Michaels; County: Talbot

Date of death 1904: Month: June; Day: 20

Age: Years: 83; Months: ~; Days: ~

Sex: male

Color or Race: White

Birthplace: St. Michaels Md

Married, Single or Widowed: Married

Occupation: Farmer, carpenter & laborer

Name of Wife or Husband: Mary E. Cox

Father's Name: Samuel Cox

Father's Birthplace: Talbot County Md

Mother's Maiden Name: Nancy Hendrickson

Mother's Birthplace: Talbot County Md

Name of person giving information: Mary E. Cox

How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Cystitis — How long: I do not know

Immediate: Asthenia & Septicaemia — How long: 1 mo

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. B. Glascock

Address: St. Michaels Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A68816

Name in Full: Samuel Bruff Edgar

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bozman; County: Talbot

Date of death: Month: June; Day: 8; Year: 1904

Age: Years: 58; Months: 3; Days: 8

Sex: Male

Color or Race: White

Birthplace: Talbot Co., Md.

Occupation: Farmer

Where Residing if not at place of death: Bozman Md.

Married, Single or Widowed: Widower

Name of Wife or Husband: Ella Elizabeth Edgar

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Imformation: Emily Edgar

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption 2

How long: Do not know

Immediate: Heart Failure

How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. J. B. Seth

Address: St. Michaels Md

Accident or Suicide? no

LIBRARY BUREAU A8S316

Name in Full: Mary Frances Flowers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton — County: Talbot

Date of death: Month: June — Day: 6 — Years: Age 65 — Months: 10 — Days: ~

Sex: Female — Color or Race: White — Birthplace: Caroline Co Md

Occupation: Housekeeper — Where Residing if not at place of death: ~

Married, Single or Widowed: Married — Name of Wife or Husband: Matthew T. Flowers

Father's Name: Sylvester Andrews — Father's Birthplace: Md

Mother's Maiden Name: White — Mother's Birthplace: Md

Name of person giving Information: M. T. Flowers — How related to deceased: Husband

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Omentum — How long: 6 mos

Immediate: Heart Failure — How long: 48 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible] MD

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A6631

Name in Full: Julia Hewett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wye Mills; County: Talbot

Date of death 1904: Month: June; Day: 20

Age: Years: 45; Months: —; Days: —

Sex: Female

Color or Race: Colored

Birthplace: Portsmouth Va

Occupation: Midwife

Where Residing if not at place of death: Wye Mills Talbot Co.

Married, Single or Widowed: Married

Name of Wife or Husband: Joseph Hewett

Father's Name: Not Known

Father's Birthplace: Not Known

Mother's Maiden Name: not Known

Mother's Birthplace: Not Known

Name of person giving Imformation: Joseph Hewett

How related to deceased: Husband

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Interstitial Nephritis

How long: One Year

Immediate: Dropsy

How long: 6 Months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Stack M.D.

Address: Wye Mills Talbot Co Md

Accident or Suicide?

LIBRARY BUREAU AGM516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Thomas Johnson

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St Michaels — County: Talbot

Date of death 1904: Month: June — Day: 21 — Age: Years: 66 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace

Married, Single or Widowed: ~~Widower~~ Single — Occupation: Waterman

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

66

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 3 months

Immediate: heart failure — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J C. LD. Davis

Address: St Michaels Md

Accident or Suicide?

LIBRARY BUREAU A80516

Name In Full James M. Leonard.

Certificate of Death

Died at near Trappe (Town) Talbot (County) MARYLAND

Date 1904 Month June Day 30 | Age Y. 70 M. 11 D. 15 | Native of Md. | Occupation Farmer.

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 5

Husband ~~Wife~~ of Agnes Berry

Father's Name Thos. N. Leonard | Mother's Maiden Name Susan Leonard.

Cause of Death: Primary Heart disease | How long sick 6 or 8 weeks.

Immediate Died Suddenly | ~~Accident, Suicide, Homicide~~

Reported by James S. Chaplain M.D.

Address Trappe, Maryland.

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79293

Name in Full Ella Marcelle Newman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mc Daniel — County: Talbot

Date of death 1904 — Month: 6 — Day: 16th — Age: Years: — Months: 1 — Days: 20

Sex: Female — Color or Race: Colored — Birthplace: Mc Daniel

Occupation: —

~~Married;~~ Single ~~or Widowed~~

Name of Wife or ~~Husband~~

Father's Name: Robt. E. Newman — Father's Birthplace: Mc Daniel

Mother's Maiden Name: Mary B. Johnson — Mother's Birthplace: Mc Daniel

Name of person giving In formation: Mary B. Newman — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: I do not know — How long: 1 day

Immediate: convulsions — How long: 1 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A B Glasscock

Address: St Michaels Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66616

Name in Full: James Perkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emory — County: Talbot

Date of death: Month: June — Day: 15 — Age: Years: 3 — Months: 2 — Days:

Sex: Male — Color or Race: Black — Birthplace: Emory Md

Occupation: Child — Where Residing if not at place of death:

Married, ~~Single or Widowed~~: S — Name of Wife or Husband:

Father's Name: W. Scott Perkins — Father's Birthplace: Md

Mother's Maiden Name: Mollie Smallwood — Mother's Birthplace: Md

Name of person giving Imformation: Joseph Smallwood — How relat... to deceas...: Uncle

175

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Eating Pills and Tobacco Stephens — How lon...

Immediate: Convulsions — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. R. Leverette

Address: Emory Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name In Full

Elizabeth D. Plummer

Certificate of Death

Died at Town Trappe County Talbot MARYLAND

Date 19 04 Month June Day 15 | Age Y. 67 M. 9 D. | Native of Md. | Occupation H. work

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 4

Husband of
Wife

Father's Name Levin Adams | Mother's Maiden Name Elizabeth Slaughter

Cause of Death: Primary Aortic Stenosis — How long sick 1/2 hour

Immediate acute dilatation

~~Accident, Suicide, Homicide~~

Reported by Wm S. Seymour

Address Trappe Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Preston M. Porter

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: St Michaels — County: Talbot

Date of death 1904 — Month: June — Day: 1

Age — Years: 24 — Months: - — Days: -

Sex: male — Color or Race: White — Birthplace: St Michaels Md

Married, Single or Widowed: Single — Occupation: oysterman

Name of Wife or Husband: -

Father's Name: Wm J. Porter — Father's Birthplace: St. Michaels Md

Mother's Maiden Name: Mollie Slofer — Mother's Birthplace: St Michaels Md

Name of person giving information: Vernon Porter — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Throat & Lungs — How long: 1 yr

Immediate: Asthenia — How long: 2 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A B Glascock

Address: St Michaels Md

Accident or Suicide? -

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LIBRARY BUREAU A28818

Name in Full

John H. Rice

Certificate of Death

Died at Town: Trappe County: Talbot MARYLAND

Date 1904 Month: June Day: 14 | Age Y. 65 M. 5 D. 15 | Native of: Md. | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 5

~~Wife~~ Husband of Annie Rice

Father's Neme Jno. M. Rice Mother's Maiden Name Mary E. Tarbutton

Ceuse of Deeth: Primary Chronic Parenchymatus Nephritis How long sick 4 days

Immediate Uremia

~~Accident~~ ~~Suicide~~ ~~Homicide~~

120

Reported by Wm. J. Seymour

Address Trappe Md

Must be signed by physicien, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Minnie Roberts

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Miles River near — County: Talbot

Date of death: 1904 June 3rd — Age: 18 — Months: — — Days: —

Sex: Female — Color or Race: colored — Birthplace: Miles River Md

Occupation: none — Where Residing if not at place of death: Miles River Md

Married, Single or Widowed: — — Name of Wife or Husband: none

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward Roberts — Father's Birthplace: Miles River

Mother's Maiden Name: Lizzie Roberts — Mother's Birthplace:

Name of person giving Imformation: Edward Roberts — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption & Typhoid fever — How long: 3 mo

Immediate: Exhaustion — How long: 2 wks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A. Johnson

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A69816

Name in Full: Jennie Ross

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton — County: Talbot

Date of death: Month: June — Day: 2 — 1904

Age: Years: 11 — Months: 11 — Days:

Sex: Female — Color or Race: Black — Birthplace: Baltimore Md

Occupation: Domestic — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Thomas Ross — Father's Birthplace: Md

Mother's Maiden Name: Rozy Warner — Mother's Birthplace: Md

Name of person giving Imformation: Rosa Ross — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 4 mos

Immediate: Heart Weakness — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Clements

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Lavinia Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton; County: Talbot

Date of death 1904: Month: June; Day: 16th; Age: Years: 5-4; Months: —; Days:

Sex: Female; Color or Race: Colored; Birthplace: Caroline Co, Md.

Married, Single or Widowed: Married; Occupation: Housewife.

Name of Wife or Husband: George Alfred Smith.

Father's Name: Adam Nevis. Father's Birthplace: Dorchester Co.

Mother's Maiden Name: Deceased Known. Mother's Birthplace: Dorchester Co.

Name of person giving Information: George A. Smith. How related to deceased: Husband.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Varicocele — How long: two years 8 months

Immediate: General Aesthenia — How long: about 2 months

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Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. P. L. Travers

Address: Easton, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: George T. Wales

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St. Michaels; County: Talbot

Date of death 190 4: Month: June; Day: 28; Age: Years 78; Months; Days

Sex: Male; Color or Race: White; Birthplace: Easton Md.

Married, ~~Single~~ or ~~Widowed~~: Married; Occupation: Shoemaker

Name of ~~Wife~~ or ~~Husband~~: Margaret Grosgage (widow)

Father's Name: Joseph Wales; Father's Birthplace: St Michaels

Mother's Maiden Name: Miss Thomas. Surname not known; Mother's Birthplace: Easton Md

Name of person giving Information: Wife and intimate friend; How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculous Diarrhea; How long: Five mos.

Immediate: Debelety of age, without nourishment; How long: about 2 mos

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Robt A. Dodson

Address: St. Michaels Md

Accident or Suicide? No

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LIBRARY BUREAU A69516

Name in Full: Victor Hellcam Knight.

CERTIFICATE OF DEATH

MARYLAND

Died: Town: Trudy Hill. County: Talbot.

Date of death 190 4 — Month: 6 — Day: 5 — Age: Years: 30 — Months: 10 — Days: 21

Sex: Male. Color or Race: White. Birthplace: Talbot Co. Md

Married, Single or Widowed: Single. Occupation: Laborer.

Name of Wife or Husband:

Father's Name: William P. Knight. Father's Birthplace: Caroline Co Md

Mother's Maiden Name: Sarah Abbie Tilestow. Mother's Birthplace: Baltimore, Md

Name of person giving Information: Mattie E P. Sullivan. How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: ——— How long: 172

Immediate: Drowning. How long: In water 1 hour

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Ross M D

Address: Trappe, Talbot Co, Md

Accident ~~or Suicide~~: Accident

LIBRARY BUREAU A88516